

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395695	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/19/2023
NAME OF PROVIDER OR SUPPLIER: GREENERY CENTER FOR REHAB AND NURSING STATE LICENSE NUMBER: 135602			STREET ADDRESS, CITY, STATE, ZIP CODE: 2200 HILL CHURCH HOUSTON ROAD CANONSBURG, PA 15317		
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F 0000	INITIAL COMMENT	F 0000			
F 0684	Based on a Medicare/Medicaid Recertification, State Licensure, and Civil Rights Compliance Survey, and Abbreviated Survey in response to a complaint, it was determined that Greenery Center for Rehabilitation and Nursing, was not in compliance with the requirements of 42 CFR part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0684			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	Resident R72 was assessed by the DON and NP. No negative outcomes were found for failure to notify physician of blood sugar greater than 400. Whole house audit of Diabetic residents was conducted by the DON to identify resident with blood sugar greater than 400. Physician Notifications were correctly completed. Licensed Staff will be educated by the DON or Designee on the Physician Notification policy for Blood Sugar greater than 400. DON or Designee will audit Blood Sugar results greater than 400 to ensure Physician Notification occurred. Audit will be completed weekly times 4, Findings will be reported to Quality Assurance Performance Improvement Committee (QAPI) who will determine need for continuing audits.	Completion Date: 06/28/2023 Status: APPROVED Date: 06/02/2023	

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F 0809 SS=D	Continued from page 3 483.60(f)(1)-(3) Frequency of Meals/Snacks at Bedtime §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by:	F 0809	Resident R53 R54 R59 R60 and R72 were interviewed by the DON or Designee as to their concerns with consistently being offered an evening snack. Resident Council / Food Council meeting will be held to discuss concerns of not consistently offered HS snack. Nursing Staff will be educated on the documentation process of offering HS snack by the DON or Designee DON or Designee will audit 90% of the offering of HS snack documentation weekly times 4 , Findings will be reported to Quality Assurance Performance Improvement Committee (QAPI) who will determine need for continuing audits.	Completion Date: 06/28/2023 Status: APPROVED Date: 06/05/2023	

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F 0809 SS=D	<p>Continued from page 4</p> <p>Based on review of facility policy and resident and staff interviews, it was determined that the facility failed to routinely offer evening snacks for five of five residents (Resident R53, R54, R59, R60, and R72).</p> <p>Findings include:</p> <p>The facility "Snacks" policy dated 7/25/22, indicated that a snack is any food item given to a resident/patient in additional to three planned meals. Policy further indicated that CMS requires that every resident/patient in a facility be offered a bedtime (HS) snack.</p> <p>During a group interview on 5/17/23, at 10:30 a.m., Residents R53, R54, R60, and R72, representatives from the North and South nursing units, reported that they are not consistently being offered an evening snacks. Resident R53 reported that a concern regarding bedtime (HS) snacks had been identified as a concern a few months ago.</p>	F 0809			

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F 0809 SS=D	<p>Continued from page 5</p> <p>Review of Grievance log revealed a grievance filed 12/6/22, from Resident Council, regarding residents not receiving snacks on a regular basis.</p> <p>During an interview on 5/17/23, at 1:00 p.m., Unit Nurse Employee E2, revealed that the unit's resident refrigerator and cupboards are stocked daily by the Food service department, and that snacks are always available.</p> <p>During an observation made on 5/17/23, at 1:05 p.m., Unit 200's resident refrigerator revealed numerous items such as sandwiches, fruit cups, and other portioned items, covered, labeled, and dated.</p> <p>During an interview on 5/17/23, at 1:45 p.m., Dietary Manager Employee E3 revealed the daily process for stocking snacks on the units and the par levels for snacks developed for each unit.</p> <p>During an interview on 5/17/23, at 2:00 p.m., the Director of Nursing (DON) revealed that food service delivers bedtime (HS) snacks after dinner</p>	F 0809			

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F 0809 SS=D	Continued from page 6 meal, around 7:30 p.m., and that the Nurse Aides (NA's) on the evening shift are responsible for offering/providing HS snack. DON further revealed where documentation for bedtime (HS) snacks is located in the medical record, indicating that NA's would document the amount of HS snack consumed, but no documentation would be available to identify if a HS snack was offered. Review of clinical record documentation for Nurse Aide tasks, titled Vitals Report, Intakes, Bedtime snack, failed to reveal that bedtime (HS) snacks were consistently offered or consumed for Resident R53, R54, R59, R60, and R72 from 4/18/23 to 5/18/23. This documentation revealed that Resident R53, R54, R59, and R72 were without record for bedtime snacks and Resident R60 had 2 bedtime snacks occurrences recorded within the past 30 days reviewed. During an interview on 5/18/23, at 11:15 a.m., Director of Nursing confirmed that the facility failed to offer and/or document bedtime (HS) snack	F 0809			

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F 0809 SS=D	Continued from page 7 consumption for Resident R53, R54, R59, R60, and R72. During an interview on 5/19/23, at 10:55 a.m., Resident R60 revealed that "sometimes we get them (bedtime snacks), sometimes we don't. Depends on who is on." During an interview on 5/19/23, at 1:00 p.m., Resident R54 revealed that "depends on which staff members are here, as to whether we get a bedtime snack." During an interview of 5/19/23, at 2:15 p.m., Director of Nursing confirmed that the facility failed to routinely offer evening snacks for five of five residents (Resident R53, R54, R59, R60, and R72). 28 Pa. Code: 211.6(b)(c) Dietary services.	F 0809			
F 0812 SS=F		F 0812			

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F 0812 SS=F	Continued from page 8 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 0812	Correct high temperature strips were obtained and placed into use as required to confirm proper sanitation. Employee E4 was removed from lunch tray line and Dietary Manager stepped in to continue tray line service. Dietary Department staff will be educated by the Dietary Manager or Designee on Food safety requirements and infection control practices. Dietary Manager or Designee will Audit Dietary Staff compliance with food safety requirements and infection control practices. Daily times two weeks then 3 times a week times 4 weeks. Findings will be reported to Quality Assurance Performance Improvement Committee (QAPI) who will determine need for continuing audits.	Completion Date: 06/28/2023 Status: APPROVED Date: 06/02/2023	

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F 0812 SS=F	<p>Continued from page 9</p> <p>Based on a review of policy, observation and staff interview, it was determined that the facility failed to properly maintain kitchen equipment in a sanitary condition creating the potential for unsafe conditions and practice proper infection control creating the potential for cross contamination in the main kitchen of the facility.</p> <p>Findings include:</p> <p>A review of facility "Sanitation & Food Safety in Food Service " policy dated 7/25/22, indicated the Nutrition/Culinary Services Director will assume responsibility for the food safety and sanitation of the Nutrition Culinary Department.</p> <p>A review of facility "Warewashing using a Dishwashing Machine" policy dated 7/25/22, indicated the Nutrition/Culinary Services Director will assume responsibility for the food safety and sanitation of the Nutrition Culinary Department.</p> <p>During an observation of the dish room in the</p>	F 0812			

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F 0812 SS=F	Continued from page 10 designated main kitchen on 5/15/23, at 10:30 a.m., Dietary Manager Employee E3 attempted to run a PH strip through the dish machine, not a high temperature strip to verify temperature. The Dietary Manager Employee E3 confirmed on 5/15/23, at 10:45 a.m. that the dish machine is high temperature and requires a 160 degree test strip as required to confirm proper sanitation as required. During an observation of tray line in the designated main dining room made on 5/15/23, at 12:09 p.m., lunch tray line was being served by Cook Employee E4 who was not wearing a hair covering. During an interview on 5/15/23, at 2:05 p.m., Nursing Home Administrator and Dietary Manager Employee E3 confirmed the infection control issues with the dish machine in the Main Kitchen and the main dining room creating the potential for cross contamination. 28 Pa. Code: 201.18(b)(1) Management.	F 0812			

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F 0812 SS=F	Continued from page 11 28 Pa. Code: 211.6(c) Dietary services. 28 Pa. Code: 201.14(a) Responsibility of licensee.	F 0812			



Certified End Page

GREENERY CENTER FOR REHAB AND NURSING

STATE LICENSE NUMBER: 135602

SURVEY EXIT DATE: 05/19/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY